

Case Number: \_\_\_\_\_

## Catastrophic Leave Donation Form

Donor name: \_\_\_\_\_ Emp. ID No.: \_\_\_\_\_

Recipient name: \_\_\_\_\_ Emp. ID No.: \_\_\_\_\_  
(Employee ID numbers are included in the Web phone directory. Use case number if employee name is not known)

Vacation hours being donated: \_\_\_\_\_  
(Minimum donation is 8 hours, and in whole-hour increments above this amount)

By signing this form, I understand that:

- This is a voluntary donation
- Once made, the donation is irrevocable
- Only sufficient vacation leave to cover the recipient's salary during the approved leave will be transferred
- Donations are on a first-received, first-used basis

Donor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Send the completed form to the Disability Specialist in Health Services at MS 26-143.

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### To be completed by Disability Specialist

#### **Recipient:**

Date of Hire: \_\_\_\_\_

Date Leave Exhausted: \_\_\_\_\_

Approved: \_\_\_\_\_

Not eligible: \_\_\_\_\_

Department: \_\_\_\_\_

#### **Donor:**

Date of Hire: \_\_\_\_\_

Vacation Leave Hours: \_\_\_\_\_

Hours Donated: \_\_\_\_\_

Approved: \_\_\_\_\_

Not eligible: \_\_\_\_\_

Department: \_\_\_\_\_